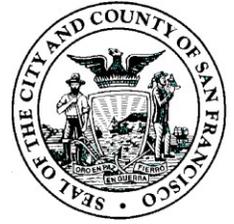


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**MINUTES  
JOINT CONFERENCE COMMITTEE MEETING FOR  
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER  
March 14, 2023, 4:00 p.m.  
Pavilion Building, John T. Kanaley Room,  
375 Laguna Honda Boulevard  
San Francisco, CA 94116 & via Webex**

**1. CALL TO ORDER**

Present: Commissioner Tessie Guillermo, Chair  
Commissioner Laurie Green, M.D., Member

Excused: Commissioner Edward A. Chow, M.D., Member

Staff: Roland Pickens, MD, Nawzaneen Talai, Lucia Angel, Lisa Hoo, MD, Daniela Kim MD

The meeting was called to order at 4:11pm.

**2. APPROVAL OF MINUTES FOR MEETING OF FEBRUARY 14, 2023**

Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

It's good seeing in these meeting minutes my comments regarding approval of the 1/10/23 minutes. I testified 2/14 that LHH's Restorative Care program — which the City Attorney noted won an award — had concerned the U.S. DOJ in 1998 because of actual harm caused to residents resulting in their functional decline and range of motion. Of concern, while the minutes include my written comments, there wasn't any discussion of Restorative Care programming by any Health Commissioner or LHH staff present, including guest Geraldine Mariano. This is patently ridiculous. Why has Chief of Rehabilitation Services Dr. Lisa Pascual **not** taken ownership of the Restorative Care Level I program in her own department? Why are Rehab Service therapy clinicians and Nursing leadership still quibbling over "ownership" of the program? I've obtained copies of the Rehab Level 1 P&P and Restorative Nursing P&P developed 20 years ago creating this programming. What happened to it?

Action Taken: The Committee unanimously approved the February 14, 2023 minutes.

### **3. GENERAL PUBLIC COMMENT:**

#### Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

I thank Mr. Morewitz for forwarding my new article to you. I gained experience at Deloitte and Touche Consulting preparing proposals for \$50 million consulting engagements. I used that experience preparing a *Functional Maintenance/Restorative Care* Level I (Rehab Services) and Level II (Nursing Department) proposal. I hand-carried and delivered it to LHH's CEO, Larry Funk, who said it was the best-looking proposal he'd seen in 30 years. The implemented program won LHH an award. Unfortunately, interim Rehab Services Director Jennifer Carton-Wade wrongly transferred the program in 2014 to the Nursing Department. Since then, LHH has received State inspection survey citations rated as "G" violations over lack of restorative care, causing actual harm regarding patients' range-of-motion declines. Why are Rehab Services and Nursing still quibbling over "*ownership*" of the program, which is still causing harm to LHH's vulnerable residents? Carton-Wade should not be rewarded by becoming LHH's Assistant Nursing Home Administrator

Dr. Teresa Palmer stated concern regarding the technological complexities which are making it more difficult to make remote public comment. In terms of nursing homes, it is important that the Health Commission ensure that the public is involved. She recommended a Prop. Q hearing the Heritage facility. She urged the Health Commission to schedule a meeting on skilled nursing facility needs in San Francisco.

### **4. EXECUTIVE TEAM REPORT**

Roland Pickens, Interim Chief Executive Officer, presented the item.

#### Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

Pickens' Slide # 10 continues asserting CMS still hasn't accepted and approved LHH's "Revised Closure Plan" initially submitted on 12/11, with additional corrections CMS requested on 1/13 and 1/18 finally submitted on 2/1/23 to CMS. It's inconceivable six weeks **after** requested changes were submitted to CMS, the "Revised Closure Plan" still isn't approved. I submitted a complaint with CMS/ CDPH asserting Pickens, LHH, SFDPH, and this Commission are violating LHH Settlement Agreement paragraph 41 requiring all parties and signatories of the Agreement to release documents under federal FOIA law and/or our local Sunshine Ordinance. Pickens' slide #11 says the new Biomedical Engineering Department will procure medical devices, and ensure devices are maintained and accessible, including ongoing preventative maintenance. LHH had a weekly wheelchair repair clinic in 2009; a 2019 Form 2567 inspection survey asserted it's been reduced to a monthly clinic. Biomedical Engineering should assume and resume weekly wheelchair repairs.

Dr. Teresa Palmer urged LHH to make the draft closure plan public. Families and advocates need to know what they are in for if the pause is next extended by CMS. The public needs to know the situation so it can advocate as needed. She is nervous about the LHH bed cuts and does not see any LHH/DPH action on asking for a waiver to grandfather in the beds. Given the shortage of skilled nursing facility beds in San Francisco, it is a matter of life and health.

#### Commissioner Comments:

Commissioner Green asked if the QIE consultants have any idea how the current survey process will go. Mr. Pickens stated that prior to the current survey, the QIE consultants felt that LHH should do well, since there has been considerable progress made since the last survey. LHH has approximately 200 milestons to be completed in April and May so there is still work to be done. Ms. Talai stated that the surveyors have already made verbal comments that they have seen improvement.

Commissioner Green asked if pending milestones could be held against LHH in the current survey. Mr. Pickens stated that the surveyors see completion of the milestones as documentation of progress. LHH structured the milestones to be cumulative, building on one set of milestones to achieve the next set.

Commissioner Guillermo asked if staffing is sufficient for the resumption of hospital-wide activities included in the report. Ms. Talai stated that the activity therapy staff is being supported with consultants and there are no current staffing issues.

Commissioner Guillermo asked what type of recertification orientation and training are registry staff and consultants receiving. Ms. Talai stated that the LHH training manual contains 10 mandatory training modules that consultants must complete annually. Mr. Pickens added that consultants must adhere to all LHH regulations.

## **5. HIRING AND VACANCY REPORT**

This item was not presented. However, the item was open for comments from the public and the Commissioners.

### Public Comment:

Commissioner Green asked for status of hiring a permanent Chief Nursing Home Administrator. Mr. Pickens stated that the search firm was identified earlier in the day; he will meet with the firm the next day. He noted that the position has already been posted on the DPH and City Human Resources sites; several applications have already been submitted.

Commissioner Guillermo noted that she expects the search to take several months and is glad to hear about the progress in this process.

## **6. REGULATORY AFFAIRS REPORT**

Nawz Talai, Chief Quality Officer, was available to answer questions regarding this item.

### Commissioner Comments:

Commissioner Guillermo stated that adding more context to a specific incident would be helpful for the Commissioners and public to better understand the issues when reviewing these reports. For example, "This is the first incident of this type to occur in ten years." Ms. Talai thanked Commissioner Guillermo for the feedback.

## **7. LAGUNA HONDA HOSPITAL POLICIES**

Nawz Talai, Chief Quality Officer, was available to answer questions regarding this item.

### Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

Regarding these policies, neither today's agenda e-mailed, nor the agenda posted on the Health Commission's website included in the list of policies you're considering to recommend to the full Commission, policy D.08-07, Psychiatry Substance Training and Treatment Recovery Services (STARS). Since it wasn't publicly noticed, you shouldn't consider or approve it today. It's shocking this LHH-JCC still hasn't reviewed and updated the Nursing Restorative Care P&P to respond to Root Cause 8, Lack of a Formalized Restorative Nursing Program in the Residents Rights/Freedom From Harm section in the first Root Cause Analysis report dated 12/1/22. LHH's subsequent "Action Plan" report claimed a "gap analysis" milestone on the Restorative programming would be completed by 1/25/23, and a "Scope of Services" document defining parameters and updating Restorative policies milestone would be completed by 2/8/23. Today is March 14. Were these two documents completed? When will this LHH-JCC update the Restorative Nursing policy?

Commissioner Comments:

Mr. Morewitz noted that Mr. Monette-Shaw is correct in regard to the policy D.08-07 Psychiatry Substance Training and Treatment Recovery Services, not being included on the agenda. Therefore, the JCC may not consider it for a vote at this meeting.

Commissioner Green stated that she called the number listed on the policy for staff to report incidents and the CDPH phone number was given; she asked if this is the intended procedure. Mr. Pickets stated that CDPH requires that their number and the Ombudsperson's number be listed for anonymous reporting incidents. Ms. Talai noted that while LHH staff are encouraged to also notify LHH of incidents, the only requirement is for incidents to be reported to CDPH.

Commissioner Green asked if there is data on the number of complaints that go directly to CDPH. Ms. Talai stated that LHH has data on the number of anonymous complaints made to CDPH in which LHH has been notified.

Commissioner Green asked if it is appropriate to encourage staff to report incidents to LHH too. Ms. Talai stated that the intent is for staff to report to CDPH. Mr. Pickens stated that staff are trained to make the complaint to CDPH and are encouraged to then notify LHH so it can address the issues as quickly as possible. Regulatory bodies prefer no pressure on staff.

Commissioner Green asked if LHH is penalized if there is a staff internal report on a weekend/after hours. Ms. Talai stated that it depends on the type of incident and report; each category has different time requirements.

Action Taken: The LHH JCC unanimously voted to recommend that the full Health Commission approve the following policies:

**March 2023**

<b><u>Item</u></b>	<b><u>Scope</u></b>	<b><u>Policy No.</u></b>	<b><u>Policy Title</u></b>
1	Facility-wide	01-12	Compliance Program
2	Facility-wide	01-14	Compliance Program Discipline
3	Facility-wide	22-01	Abuse and Neglect Prevention, Identification, Investigation Protection, Reporting and Response
4	Facility-wide	22-03	Resident Rights
5	Facility-wide	23-02	Completion of Resident Assessment Instrument/Minimum Data Set (RAI)MDS)
6	Facility-wide	24-28	Behavioral Health Care and Services
7	Facility-wide	29-04	Cremation Assistance
8	Facility-wide	31-02	Hospital Equipment and Supplies Budget and Procurement
9	Facility-wide	35-04	Inventory and Disposal of Hospital Property
10	Facility-wide	45-05	Molly's Fund - Assistive Technology Program
11	Facility-wide	50-04	Enteral Nutrition Charge Procedures
12	Facility-wide	60-01	Quality Assurance Performance Improvement
13	Facility-wide	65-01	Procedures for Grant Application, Acceptance and Expenditures
14	Facility-wide	72-01 C21	MRSA Testing
15	Facility-wide	72-01 F2	Disinfection for Isolation Room
16	Facility-wide	72-01 F11	Classification of Reusable Medical Devices and Processing Requirements
17	Facility-wide	72-01 F13	Cleaning and Disinfecting Non-Critical Resident Care Equipment

18	Facility-wide	72-01 B6	Intravascular Device Guidelines
19	Facility-wide	72-01 B8	Medication Handling/Dispensing Guidelines
20	Facility-wide	72-01 B11	Respiratory Care Guidelines
21	Facility-wide	72-01 B13	Urinary Catheterization Guidelines
22	Facility-wide	72-01 C19	West Nile Virus
23	Nursing	C 3.X	Documentation of Care - Acute Unit
24	Nursing	J 5.0	Oxygen Administration

**8. CLOSED SESSION**

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:  
 Before you enter Closed Session, I note that a statement a Commissioner just read into the record regarding guidance this LHH-JCC received from the City Attorney’s Office regarding your closed sessions, seemed to suggest that you may be required to revise your JCC’s By-Laws in order to move some topics — such as the PIPS (Performance Improvements and Patient Safety) reports and Quality Improvement reports, notably including LHH’s CMS Recertification, and LHH’s Revised Closure Plan updates on today’s agenda — to discussion and possible action in Open Session, rather than in Closed Session. I support Commissioner Chows’ previous comments regarding moving some Closed Session topics to Open Session. I urge you to discuss in Closed Session today potentially revising your Committee By-Laws to accomplish this change, given the importance of transparency and accountability to the public you serve: San Franciscans. This would represent a long-overdue improvement to this JCC’s troublesome secrecy.

- B) Vote on whether to hold a Closed Session.

The committee voted unanimously to hold a closed session.

- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

**CONSIDERATION OF MEDICAL STAFF  
 CREDENTIALING MATTERS**

**CONSIDERATION OF MEDICAL QUALITY IMPROVEMENT**

**CONSIDERATION OF PERFORMANCE IMPROVEMENT AND  
 PATIENT SAFETY REPORTS AND PEER REVIEWS**

**QUALITY IMPROVEMENT MEDICARE RECERTIFICATION  
 UPDATE AND QUALITY IMPROVEMENT CLOSURE PLAN UPDATE**

**RECONVENE IN OPEN SESSION**

1. Discussion and Vote to elect whether to disclose any portion of the closed session

discussion that is not confidential under Federal or State law, The Charter, or Non- Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)

2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

**9. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION**

Action Taken: The committee voted unanimously to not disclose discussions held in closed session.

**10. ADJOURNMENT**

The meeting was adjourned at 5:49pm.